WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION GENERAL TARIFF COVER

For Commission Use Only	JAN 1 4 2004 Spred by Spred b	 					
1. 2.	WMATC Certificate of Authority No. 866 Carrier Name on Certificate of Authority: Drp & Sons Inc Dip & Sons Trampertation Services Address 6906 Freepost Street Hyattsville, MD 20784						
3.	Telephone Number 240-421-1559 3. Person authorized to file tariff on behalf of Carrier Name Dapson Joel Olywalogbon Title Presedent Telephone Number 240-421-1559 4. Date this tariff actually filed with WMATC 61-14-04 5. Date seven (7) calendar days after date on Line 4. 61-21-04 6. Effective Date of this tariff (not earlier than date on line 5).						
5.							
7.	Signature of Person named on Line 3						

NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (202) 331-1671.

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH



Senior Deputy Director for Health Care Finance

Medical Assistance Program Transmittal No: 03-24

TO:

D.C. Medicaid Transportation Providers

FROM:

Wanda R. Tucker

Interim Senior Deputy Director Medical Assistance Administration

DATE:

JUL - 3 2003

SUBJECT:

Ambulatory Transportation Fee Scale of a Single (1) Individual

Effective July 1, 2003, the reimbursement rates for ambulatory transportation of a single (1) individual are as follows:

Code	Service Description	<u>Payment</u>
A0120	Ambulatory van, one-way inside Capital Beltway.	\$ 16.50
A0121	Ambulatory van, roundtrip inside Capital Beltway.	\$ 27.50
A0122	Ambulatory van, one way inside Capital Beltway with extra assistance.	\$ 22.00
A0123	Ambulatory van, roundtrip inside Capital Beltway with extra assistant.	\$ 33.00
A0124	Ambulatory van, one way outside Capital Beltway.	\$ 27.50 +.75 per loaded mile
A0125	Ambulatory van, roundtrip outside Capital Beltway.	\$44.00 + .75 per loaded mile

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A0126	Ambulatory van, one way outside Capital Beltway with extra assistant.	\$ 33.00 + .75 per loaded mile
A0127	Ambulatory van, roundtrip outside Capital Beltway with extra assistant.	\$ 49.50 + .75 per loaded mile
A0128	Trip cancellation, if the provider goes to the destination and trip is cancelled upon arrival.	\$ 8.25

Note: The mileage calculation for trips outside the Capital Beltway begins once the recipient is picked up to transport.

If you have any questions or need additional information, please contact Andre Taylor, Program Analyst, Office of Program Operations, MAA, on (202) 698-2026.

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH



Senior Deputy Director for Health Care Finance

Medical Assistance Program Transmittal No: <u>03-25</u>

TO:

D.C. Medicaid Transportation Providers

FROM:

Wanda R. Tucker

Interim Senior Deputy Director Medical Assistance Administration

DATE:

JUL - 3 2003

SUBJECT:

Group Ambulatory Transportation Fee Scale

Effective July 1, 2003, the reimbursement rates for group ambulatory transportation are as follows:

Note: A group is defined as 2 or more individuals requiring medically necessary transportation services. Reimbursement rates will apply for pick-up at same location and drop-off at same location.

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Transmittal #03-25 Page 2

A0124G	Group ambulatory van, one way outside Capital Beltway.	\$ 49.50 + .75 per loaded mile
A0125G	Group ambulatory van, roundtrip outside Capital Beltway.	\$ 82.50 + .75 per loaded mile
A0126G	Group ambulatory van, one way inside Capital Beltway with extra assistant.	\$ 52.25 + .75 per loaded mile
A0127G	Group ambulatory van, roundtrip outside Capital Beltway with extra assistant.	\$ 88.00 + .75 per loaded mile
A0128G	Trip cancellation, if the provider goes to the destination and the trip is cancelled upon arrival.	\$ 8.25

Note: The mileage calculation for trips outside the Capital Beltway begins once the recipient is picked up to transport.

If you have any questions or need additional information, please contact Andre Taylor, Office of Program Operations, MAA, on (202) 698-2026.